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SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

PROCESS APR 11 2003

THOMSON

Name of Offering ([] check if this is an amendment and name has changed, and indicate Dry Fork Farms, LLC Membership Interest	e change.)
Filing Under (Check box(es) that Apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4	(6) []ULOE
Type of Filing: [X] New Filing [] Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ([] check if this is an amendment and name has changed, and indicate Dry Fork Farms, LLC	change.)
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3000-G Henkle Drive, Lebanon Ohio 45036	(513) 423-0520
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Own and farm a parcel of real property	

Type of Business Organia	zation'			RECEN
[] corporation	[] limited partnership, already	formed	[X] other (ple	ease specify).2 6
[] business trust	[] limited partnership, to be for	ormed	limited liabili	ty company
. 1			ear	
Actual or Estimated Date	of Incorporation or Organization: [1]1] [0] 2] [X] Actua	I [] Estimated
Jurisdiction of Incorporati	on or Organization: (Enter two-letter U CN for Canada; FN for			for State: [O][H]
GENERAL INSTRUCTION	IS			
Federal:				
	making an offering of securities in reliand 501 et seq. or 15 U.S.C. 77d(6).	e on an exen	nption under <u>Regulati</u>	on D or
is deemed filed with the Ureceived by the SEC at the	st be filed no later than 15 days after the J.S. Securities and Exchange Commis ne address given below or, if received by United States registered or certified	sion (SEC) o at that addre	on the earlier of the ess after the date on	date it is
Where to File: U.S. Secu	irities and Exchange Commission, 450	Fifth Street	, N.W., Washington	, D.C. 20549.
	 s) copies of this notice must be filed winder nanually signed must be photocopies of 			
name of the issuer and o	new filing must contain all information ffering, and changes thereto, the inforr ation previously supplied in Parts A and	nation reque	sted in Part C, and	any material
Filing Fee: There is no fe	ederal filing fee.			
State:				
This notice shall be used	to indicate reliance on the Uniform Lin	nitad Offarin	a Everntian (III OF	=) for calce of

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% of more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Prömoter	X] Beneficial Owner	[] Executive Officer	[] Director [General and/or ECEIVE Managing Partner MAR 2.6 700
Full Name (Last name fi	•				
Business or Residence A	Address (Number a	nd Street, City,	State, Zip Code)		
8581 Landen C	ove Lane, Mainevil	le OH 45039			****
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name fi	rst, if individual)				
Levitt, Stephen					
Business or Residence A	Address (Number a	nd Street, City,	State, Zip Code)		
610 W. David F	Road, Dayton OH 4	5429-1339			
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name fi	rst. if individual)				
·	and Charlotte G.				
Business or Residence A	Address (Number a	nd Street, City,	State, Zip Code)		
5126 West Forl	k Road, Cincinnati	OH 45247			
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name fi Jurgensen, Jan	rst, if individual) nes P. and Linda L			·	
Business or Residence A	Address (Number a				
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [X	.] General and/or Managing Partner
Full Name (Last name fi Henkle Schuele	rst, if individual) er & Associates, Ind	> .			
Business or Residence A	Address (Number a		State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				→ B	. INFOR	MATION	ABOUT	OFFERI	NG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes []	No [[X]	RECEIVEL MAY 26 MM			
2. What is the minimum investment that will be accepted from any individual?									\$ 3	0,000	PULL AND CONT		
3. Does the offering permit joint ownership of a single unit?								Yes	No.				
4. Entedirectly connect person the nar	er the information with or agent me of the labels of a broker	ormation ctly, any sales of of a brok broker o	requeste commiss securities ker or dea r dealer.	d for eac sion or si s in the or aler regist If more t	h person milar rem ffering. If tered with han five (who has uneration a person the SEC (5) perso	been or solid n for solid n to be lis C and/or v ns to be	will be pa citation of sted is an with a sta isted are	iid or give f purchas associat te or stat associat	ers in ed es, list ed perso	[X]		
	me (Last	* - * - * - * - * - * - * - * - * - * -							, . ,				
Busine	ss or Res	idence A	\ddress (I	Number a	and Stree	t, City, S	tate, Zip	Code)					
Name	of Associ	ated Bro	ker or De	aler									
	in Which k "All Sta									[]	All State	s	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [Mi] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Na	ıme (Last	name fi	rst, if indi	vidual)									
Busine	ss or Res	idence A	Address (I	Number a	and Stree	t, City, S	tate, Zip	Code)					
Name	of Associ	ated Bro	ker or De	aler									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in Which k "All Sta									[]	All State	s	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	*********
Full Na	ime (Last	name fi	rst, if indi	vidual)									
Busine	ss or Res	idence A	\ddress (Number	and Stree	t, City, S	tate, Zip	Code)					
	of Associ												
	in Which k "All Sta									[]	All State	s	
(AL) [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

the second of th		RECEIVE
 Enter the aggregate offering price of securities included in the and the total amount already sold. Enter "0" if answer is "none" of the transaction is an exchange offering, check this box and included in the columns below the amounts of the securities offered for excand already exchanged. 	or "zero". dicate in	MAR 2.6 7003
Type of Security Debt Equity [] Common [] Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify LLC membership interests Total Answer also in Appendix, Column 3, if filing under UL	Aggregate Offering Price \$ \$ \$ \$ \$	Amount Already
2. Enter the number of accredited and non-accredited investors purchased securities in this offering and the aggregate dollar archeir purchases. For offerings under Rule 504, indicate the numbersons who have purchased securities and the aggregate dollar their purchases on the total lines. Enter "0" if answer is "none.	nounts of nber of ir amount	Aggregate
Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)	Number Investors 9 0	Dollar Amount of Purchases \$1,500,000 \$0 \$1,500,000
3. If this filing is for an offering under Rule 504 or 505, enter threquested for all securities sold by the issuer, to date, in offering types indicated, the twelve (12) months prior to the first sale of in this offering. Classify securities by type listed in Part C-Ques	gs of the securities	Dollar Amount
Type of offering Rule 505 Regulation A Rule 504 Total	Type of Security	Sold \$ \$ \$ \$ \$
4. a. Furnish a statement of all expenses in connection with the and distribution of the securities in this offering. Exclude amou	nts relating	
solely to organization expenses of the issuer. The information rigiven as subject to future contingencies. If the amount of an exist is not known, furnish an estimate and check the box to the left of	penditure	

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

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		Payments to Officers, Directors & Affiliates	Payments To Others					
Salaries and fees	[X]	\$120,000	[]\$					
Purchase of real estate		\$	[X]\$ <u>2,850,000</u>					
Purchase, rental or leasing and installation of								
Machinery and equipment		\$	[]\$					
Construction or leasing of plant buildings and faciliti	es []	\$	[]\$					
Acquisition of other businesses (including the value securities involved in this offering that may be use exchange for the assets or securities of another is pursuant to a merger)	ed in suer	\$	[]\$					
Repayment of indebtedness			[]\$					
Working capital		\$	[X]\$ <u>185,000</u>					
Other (specify): <u>closing expenses</u>		\$	[X]\$ <u>50,000</u>					
Column Totals Total Payments Listed (column totals added) D. FEDER	······································	[X] \$ <u>3,205,</u> (
The issuer has duly caused this notice to be signed by the filed under Rule 505, the following signature constitutes at Securities and Exchange Commission, upon written reque any non-accredited investor pursuant to paragraph (b)(2)	nd undertaking est of its staff, t	by the issuer to f	urnish to the U.S.					
Issuer (Print or Type)	Signature		Date					
Dry Fork Farms, LLC	Theode	Theodora Sidet. 3/26/03						
Name of Signer (Print or Type		(Print or Type)	1.00.000	-				
Theodore A. Gilbert	Treasurer & Chief Financial Officer of Henkle Schueler & Associates, Inc., the Issuer's Manager							

ATTENTION	-
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18	-
U.S.C. 1001.)	